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PRESCREENING TOOL FOR THE BUSINESS ASSESSMENT SCALE

This tool will prepare you for the licensed business assessment scale your counselor will provide. It will also help refine your business idea.

The format is designed to allow you to insert your answer to the following questions and print. You will not be able to save your answers on the CD. Therefore, it is recommended that you print two (2) copies - one (1) for distribution, and one (1) for your records.

Once you've completed this prescreening section, you can print a copy and take it to an appointment with your Vocational Rehabilitation counselor.

LET'S get started and begin with...

SECTION I - MANAGEMENT SKILLS

What is your business idea?

What business/work experience do you have?

What managerial experience have you had?

Will this business be a Sole Proprietorship, Corporation, or Partnership?

How will the company's management be structured?

How will your family/friends/community support you with the establishment of the business?

If family or friends are involved in the operation of this business, how will you address conflicts that may arise?

Will you be working with professional consultants such as accountants, financial counselors, or small business development professionals?

SECTION II - COMMITMENT/DESIRE/PERSISTENCE

What research have you conducted to determine if there are similar businesses currently operating?

What steps have you taken to develop your idea?

What are your short-term business goal(s)?

What are your long-term business goal(s)?

How much investment capital is required?

How much of this investment will be contributed by you?

How much of the investment will be contributed by other investors?

What accommodations, if any, are needed for your disability?

What type of commitment do you feel is necessary to make this business a success?

How much time to you plan to spend each week working in the business?

SECTION III - TECHNICAL SKILLS/WORK EXPERIENCE

What is your educational background?

What is your computer skill level?

Are you familiar with financial reports? Do you know how to analyze the data they contain?

Do you have any accounting background?

What type of technical skills will this business require?

What type of work/hobby experience do you have in this area?

What type of related skills do you have that could be used in this business?

SECTION IV - MARKET DEMAND

What products/services will be offered?

Who are your customers?

How large of a geographical area will you serve?

What research or information have you gathered which demonstrates the demand for your services/products?

What are the trends in the industry? What does the future hold for this industry?

Who are your competitors?

How do your competitors price their goods or services? Can you support this assertion by providing sample pricing?

What makes your business unique from similar businesses in the market?

How will you determine the pricing of your goods or services? What is your pricing strategy?

What are you projecting your costs to be for the first year? For the first 3 years?

Where will the business be located?

Why is this location appropriate for your business?

How do you plan to promote the business?

How much of an investment do you plan to make in promoting your business?

Are there trade associations, clubs or expositions featuring your type of product or service that you can attend? Do you have a method for demonstrating your product or services at such events?

SECTION V - PERSONAL CREDIT/FINANCIAL SOLVENCY

How is your personal credit?

Do you feel your disability has affected your personal credit?

Have you ever filed for bankruptcy? If yes, why?

Are you in default on any loans, including student loans?

What is your current personal financial situation (i.e., ability to pay bills, assets, etc.)?

How will revenues from your business impact SSA benefits, if you are currently receiving these benefits?